

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5						
6						
7						
8						
9	1					
10						
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20		1				
21		2				
22		2				
23	1					
24	1	1				
25	1					
26		4				
27		4				
28		4				
29		4				
30		4				
31	1					
32		1				
33		1				
34	1	1				
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	6					
TOTAL DEP.	57					
TOTAL CLAIMS	57					

	IND	DEP	IND	DEP	IND	DEP
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						